

SUPPLEMENTAL LICENSE INFORMATION REQUIRED FOR THIS APPLICATION

Business Manager if different from Applicant

Manager's Name: _____ Any other Name(s) Used: _____
First Middle Maiden Last Title

Home Address: _____ Home Phone: _____ / _____ - _____
Street Address City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Other Person(s) to Appear on Business License as Shareholders/Officers/Partners

Name: _____ (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used: _____

Home Address: _____ Home Phone: _____ / _____ / _____
Street Address City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Name: _____ (Circle: Shareholders Officers Partners)
First Middle Maiden Last Title Any Other Name(s) Used: _____

Home Address: _____ Home Phone: _____ / _____ / _____
Street Address City State Zip+4

Birth Date: ____ / ____ / ____ Place of Birth: _____ Driver's License # _____

Minnesota Tax Identification Number: _____ To apply for this sales and use tax number, call (651/296-6181).
If a MN. Tax Id. Number is not required for the business being operated, indicate so by placing an "X" in the box.

The following additional information is required for your application to be complete: (check if received)

- ☐ Zoning Worksheet + Floor plan & Site plan. See attached handout for additional explanation of what is required.
- ☐ Property Lease Agreement or Proof of Ownership

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I also understand this premise may be inspected by police, fire, health, zoning, and other city officials at any times when the business is in operation.

Signature of Responsible Person _____ Title _____ Date _____

NOTE: GROCERY, RESTAURANT OR OTHER BUSINESS LICENSES, REQUIRING ENVIRONMENTAL HEALTH APPROVAL ARE SUBJECT TO AN ADDITIONAL CHARGE FOR THE ENVIRONMENTAL PLAN REVIEW OF YOUR FOOD SERVICE BUSINESS. YOU WILL BE INVOICED SEPARATELY FOR THIS CHARGE.

If you are paying for your License by *American Express, Discover, MasterCard* or *Visa*, you may fax your application.
The credit card information section must be filled in and signed.

Our FAX number is 651/266-9124.

If paying by check, please mail the application and the check to us. Make checks payable to: City of St Paul

Revised 01/16/2009

Zoning Summary Sheet*

License ID# (Office Use) _____

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

***Zoning approval will not be granted for this license request without this information.**

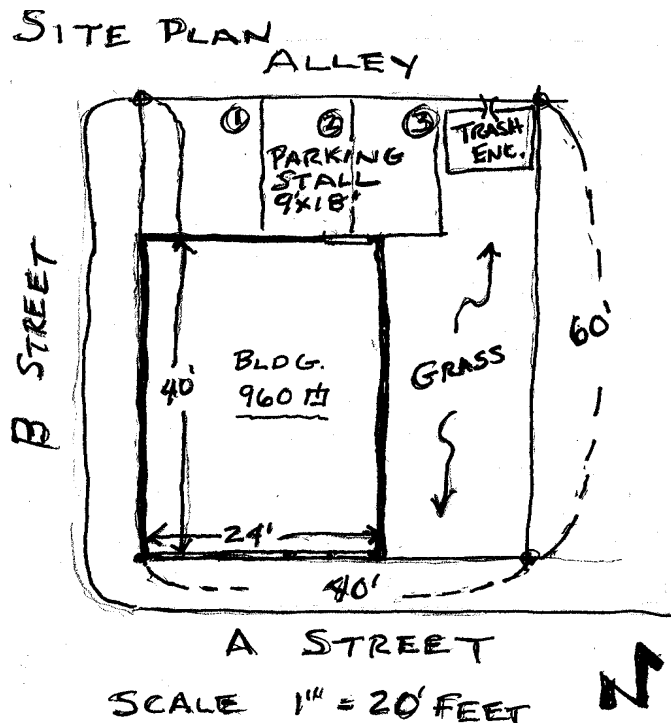
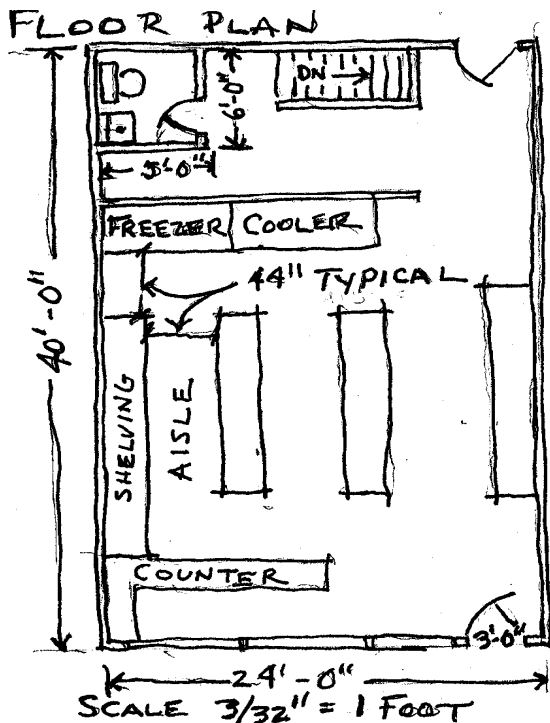
Business Address _____ Business Type _____
Street Address

Business Name _____

Licensee/Owner Name: _____ Day Phone: ____/____ - ____
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651-266-9083 if you have questions about the information needed on this form.

1. What is the gross floor area for this business? _____ square feet.	7. Do you intend to have a drive-thru window? ____ yes ____ no
2. What was the previous use of this space? _____	8. Will you have a permanent menu board? ____ yes ____ no
3. How many off-street parking spaces are provided for this business? _____	9. Do you intend to serve liquor? ____ yes ____ no
4. How many different uses are in the building? _____	10. Is this a restaurant associated with a Chain or franchised business? ____ yes ____ no
5. What are these uses? _____	11. Will customers pay for their food before consuming it? ____ yes ____ no
6. Do you own the property or are you leasing it? _____	12. Is a self-service condiment bar proposed? ____ yes ____ no
	13. Are trash receptacles provided for self-Service bussing? ____ yes ____ no
	14. Will there be hard finished, stationary seating? ____ yes ____ no
	15. Are your main course food items Prepackaged ____ or made to order? _____



Specific License Application Requirements, If Applying For:

Amusement Rides	Attach insurance certificate showing coverage of \$1,500,000 public liability for injuries or damages to persons or property. And, copy of electrical permit.
Broadcasting Vehicle	Attach insurance certificate showing coverage of \$100,000 for liability of bodily injuries to or death of any persons, and \$20,000 against liability of damage to or destruction of property; proof of nonprofit status; and information of type and kind of sound making or broadcasting device.
Christmas Trees	Application must be filed prior to November 1. (Note: The trees must be taken down on or before January 9)
Cigarette	Provide information of type of sale: by machines (number of machines) or counter sales.
Food Vending Machine	Provide the following information Business name and address of machine location, type of machine, and number of machines at each location.
Lawn Fertilizer/Pesticide	Provide the name and State of Minnesota License Number of employees applying pesticides to lawns.
Mechanical Amusement Devise and/or Music Machine	Provide the following information: name of machine, list price, machine location (business name & address).
Peddler	Provide information of goods to be sold.
Pest Control	Attach insurance certificate showing coverage for \$100,000/\$200,000 personal injury or accidental death, \$10,000 property damage.
Rooming and /or boarding house-supervised	Attach insurance certificate showing coverage for \$300,000 general liability single limit coverage, per occurrence, for injuries or damages to persons or property.
Second Hand Dealer-Exhibition	Attach \$5,000 bond, and list of locations of estate sales.
Sidewalk Café	Attach insurance certificate showing coverage for \$500,000 general liability per occurrence with the City of Saint Paul named as an additional insured and must show that the coverage extends to the area used for the sidewalk café.
Solicitor	Attach \$1,000 surety bond.
Solid Fuel Dealer	Attach insurance certificate showing coverage per vehicle of \$5,000 property damage or surety bond in the amount of \$5,000 conditioned that the licensee shall pay any and all final judgments for damage to property, public or private.
Solid Waste Transfer Station	Attach insurance certificate showing coverage of \$100,000/\$100,000 personal injury or accidental death and \$50,000 property damage.
Tanning Facility	Provide the following information: portion of the building to be used as a tanning facility, type of business tanning facility is operating in conjunction with (if applicable), list of tanning equipment (manufacturer's name, model number, type: booth bed, canopy, etc., year manufactured, number in establishment).
Tree Trimmer	Attach insurance certificate showing coverage of \$10,000 bodily injury, and \$5,000 property damage.
Vehicle	Provide the following information: Type of merchandise delivered; estimated number of loop deliveries daily; vehicle make, model, year, and license plate number.
Window Cleaning	Attach insurance certificate showing coverage of \$25,000/\$100,000 personal injury or accidental death.

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

<input type="checkbox"/> I have no employees.
<input type="checkbox"/> I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: .
<input type="checkbox"/> Other: .

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.